



Patient Handbook

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Section 1

Welcome

At the heart of the National Institutes of Health's (NIH) 318-acre Bethesda, Maryland campus is a hospital unlike any other in the world. Called the Warren Grant Magnuson Clinical Center (after the Senator from the state of Washington who championed NIH), this hospital is the world's largest devoted solely to clinical research.

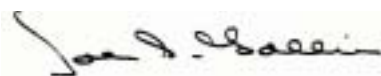
The Clinical Center staff has compiled this handbook to help prepare you for admission. The handbook provides information about practical aspects of your hospital stay such as visiting hours, support services, and where to leave your car. Some unique features of the Clinical Center are described so that you will have a better picture of a patient's daily routine in a hospital dedicated to medical research. We believe your stay will be more meaningful if you know about the services available and the procedures you'll encounter as you adapt to life on the patient care unit or as an outpatient.

When you arrive at NIH, you will easily recognize the Warren Grant Magnuson Clinical Center, the largest red brick and glass structure on the campus. The Clinical Center comprises a hospital, an ambulatory care center, and research laboratories. The Clinical Center is the Federal Government's premier research hospital. It is committed to quality service and to meeting your needs and expectations.

Through this philosophy, we hope to make your Clinical Center experience as comfortable and satisfying as possible.

By coming to the Clinical Center, you are participating in biomedical research that enables us to learn more about health and disease. Your participation may lead to knowledge that could benefit you and future patients.

Thank you for joining us.



John I. Gallin, M.D.
Director, Clinical Center

Our Credentials

The Warren Grant Magnuson Clinical Center, the world's largest hospital devoted exclusively to clinical investigation, is the research hospital for the National Institutes of Health. NIH is one of five health agencies of the Public Health Service, which, in turn, is part of the U.S. Department of Health and Human Services (DHHS).

NIH is one of the largest research centers in the world. The principal medical research arm of DHHS, NIH conducts basic, clinical, and applied research related to a broad spectrum of diseases and health problems. It represents the public's commitment to biomedical research and improving the health of its people. Over the years, NIH has supported the work of numerous Nobel Prize winners.

NIH is actually numerous Institutes and Centers created to study cancer, eye disorders, heart, lung, and blood disorders, genome research, aging, alcohol abuse and alcoholism, allergy and infectious diseases, arthritis, musculoskeletal and skin diseases, child health and human development, deafness and other communication disorders, dental and craniofacial disorders, diabetes, digestive, and kidney diseases, drug abuse, environmental health, general medical science, mental health disorders, neurological disorders and stroke, nursing research, information technology, and complementary and alternative medicine.

Patients at the Clinical Center consent to participate in research studies (protocols) and are treated without charge. Unlike most hospitals, the Clinical Center does not routinely provide standard diagnostic and treatment services.

Admission is selective: patients are chosen by Institute physicians solely because they have an illness being studied by those Institutes. In addition, numerous NIH guest scientists from around the world collaborate in Clinical Center activities. The Clinical Center also offers training in research medicine for physicians, medical students, and nursing students.

Thousands of patients are admitted yearly to the facility, which houses inpatient wards and outpatient clinics. Healthy people are also admitted every year to serve as clinical research volunteers. Physicians from different Institutes and outside hospitals provide medical care at the

Clinical Center, and registered nurses and allied health care professionals provide patient care.

A unique feature of the Clinical Center is the proximity of laboratories to patients. Advances realized in the laboratory are brought to the bedside, and new areas for laboratory investigation are suggested by the health care team's observations of patients. Built in 1953, the Clinical Center was specially designed to foster this collaboration and exchange of information between basic scientists and clinicians. Indeed, many NIH clinicians are themselves outstanding scientists.

The Clinical Center is fully accredited by the Joint Commission on the Accreditation of Healthcare Organizations. The Joint Commission inspects hospitals and accredits only those meeting strict standards of quality.

Why you were selected

You were selected as a Clinical Center patient on the basis of medical information provided by your referring doctor and/or by you. You are one of several people with a similar condition who will be invited to take part in a research program. By observing many people with a particular disorder, we hope to find common factors that will help us to better understand the condition.

Some patients at the Clinical Center receive new treatments that offer some potential for alleviating, improving, or curing their conditions. NIH doctors carefully monitor their

patients' responses to these new treatments. For other patients, too little is known about their conditions to begin new treatment. These patients are admitted to enable us to gain vital information about their diseases.

Your research program

Whether or not you receive new treatments, you will be admitted under a care and observation plan developed to study your condition. This plan, called a protocol, specifies the information needed about your illness and the procedures that will be followed to obtain this knowledge. The protocol and the status of your health determine how long you will spend at the Clinical Center and whether you will be an inpatient or an outpatient.

Section 2

Clinical Center Patients' Bill of Rights, Advance Directives, Informed Consent, Confidentiality

Patients' Bill of Rights

Whether you volunteer to participate in a research protocol as a healthy subject or as a patient, you are protected by the Clinical Center Bill of Rights for patients who are volunteer subjects. We, at the Clinical Center, believe that personal concern for every volunteer is indispensable to the quest for knowledge about disease. The most important person in medical research is the patient. The Clinical Center provides hospital facilities and professional care, but the patient is the essential element without

which health and disease could not be observed or response to treatment measured.

Clinical Center patients' rights are safeguarded by procedures to ensure that all patients know their medical choices, and are aware of any risks from the procedures and understand how research may affect them.

Members of the hospital staff have a responsibility to assure the following:

- the patient receives information necessary to make decisions about taking part in any research procedures
- care is given in a manner consistent with the patient's beliefs
- those rights basic to human dignity are observed.

This Bill of Rights for Clinical Center patients has been adapted from a similar document developed by the American Hospital Association for use by general hospitals.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to know, by name, the physician responsible for coordinating his or her care at the Clinical Center.
3. The patient has the right to obtain from his or her physician complete current information about diagnosis, treatment, and prognosis in easily understandable terms. If it is medically inadvisable to give such information to the patients, it will be given to a legally authorized representative.

4. The patient has the right to receive from his or her physician information necessary to give informed consent prior to the start of any procedure or treatment. Except in emergencies this will include, but not necessarily be limited to, a description of the specific procedure or treatment, any risks involved, and the probable duration of any incapacitation. When there are alternatives to therapeutically designed research protocols, the patient has the right to know about them. The patient also has the right to know the name of the person responsible for directing the procedures or treatment.
5. The patient has the right to refuse to participate in research, to refuse treatment to the extent permitted by law, and has the right to be informed of the medical consequences of these actions including possible dismissal from the study and discharge from the institution. If discharge would jeopardize the patient's health, he or she has the right to remain under Clinical Center care until discharge or transfer is medically advisable.
6. The patient has the right to be transferred to another facility when his or her participation in the Clinical Center study is terminated, providing the transfer is medically permissible, the patient has been informed of the needs for and alternatives to such a transfer, and the facility has agreed to accept the patient.
7. The patient has the right to privacy concerning the medical care program. Case discussion, consultation, examination, and treatment are confidential and will be conducted discreetly. The patient has the right to expect that all communications and records pertaining to care will be treated as confidential to the extent permitted by law.
8. The patient has the right to routine services whenever hospitalized at the Clinical Center in connection with the active protocol for which he or she is eligible; these services will generally include diagnostic procedures and medical treatment deemed necessary and advisable by the professional staff. Complicating chronic conditions will be noted, reported to the patient, and treated as necessary without the assumption of long-term responsibility for their management. The patient may be returned for long-term or definitive care of these conditions to the referring physician or to other appropriate medical resources.
9. The patient has the right to expect that medical information about him or her discovered at the Clinical Center, as well as an account of his or her medical program here, will be communicated to the referring physician.
10. The patient has the right, at any time during the medical program, to designate additional physicians or organizations to receive medical updates. The patient should inform the Outpatient Department staff of these additions.

11. The patient has the right to know in advance what appointment times and physicians are available and where to go for continuity of care provided by the Clinical Center when such care is required under the study for which the patient was admitted.

Advance directives for medical care

The rights of Clinical Center patients to participate in decisions concerning their medical care are preserved even if they lose the ability to communicate directly with their caregivers. One method of exercising these rights is to prepare an “advance directive.”

An advance directive is a document in which a person gives advance directions about medical care or designates who should make medical decisions for that person if he or she loses the ability to make such decisions. There are two types of advance directives: treatment directives, the most common example being the living will, and proxy directives, the most common example being the durable power of attorney for health care.

A treatment directive, such as a living will, is a written statement expressing the forms of medical treatment a person wishes to receive or forgo when unable to make decisions in stated medical conditions. Such medical conditions may include irreversible unconsciousness, terminal illness, or severe and irreversible brain disease.

A proxy directive, such as durable power of attorney, is a person’s written statement naming another to make medical decisions for that person if he or she becomes unable to make such decisions.

In 1990, the Congress approved legislation called the “Patient Self-Determination Act.” This law requires all medical facilities reimbursed by Medicaid and Medicare to educate patients about advance directives and to help them make advance directives if they choose to do so. Although the Clinical Center does not receive such financial reimbursement, there has been, and continues to be, a commitment to consistent and thoughtful attention to the ethical aspects of patient care, including advance directives.

The Clinical Center has guidelines for using durable power of attorney for patients in certain research studies. Work is in progress to expand the Clinical Center’s ability to educate and help patients make advance directives. If you have any questions about advance directives, please speak with your doctor, your nurse, the Patient Representative (6-2626), or the Department of Clinical Bioethics staff (6-2429).

DNR (Do Not Resuscitate) orders

At the Clinical Center of the National Institutes of Health, all members of the health care team are dedicated to your care and well-being. We believe that one of our most important responsibilities is to preserve and maintain the life and vigor of our patients. We also believe that

patients have the right and responsibility to participate in decisions about their health care.

In this hospital, it is understood that if a patient has cardiopulmonary arrest (sudden stoppage of heart or lung function), every effort will be made to restore these vital functions. Cardiopulmonary resuscitation, or CPR, refers to the technique used to restore these functions. These efforts will take place routinely, unless an order to the contrary has been written in the patient's medical record.

When a patient's heart or breathing stops and CPR is started, a multi-step process begins. CPR may include such procedures as chest compression, administration of various medications, electrical shocks to restart the heart, placement of a breathing tube (intubation), and placement on a breathing machine (ventilator). Patients receiving successful CPR will usually be transferred to an intensive care unit (ICU) for continued treatment and observation.

Although our hope is to restore health in all our patients, there are times when this will no longer be possible. In certain situations, it is important to discuss whether we should even try CPR. CPR may not be appropriate for patients with a progressive and terminal condition from which recovery is no longer possible. Making this decision should be a joint process in which the patient, the physician, the nurse, and the patient's family are involved. Other persons on the health care team experienced in discussing these matters with patients include chaplains, social workers, and the patient representative. The decision

to write the DNR (Do Not Resuscitate) order, however, rests with the competent patient and his or her physician. If the patient is not competent, the decision rests with the patient's surrogate and physician.

If the patient, in consultation with his or her attending physician, decides that CPR is not appropriate, at least at that particular time, the attending physician will write a DNR order, or a "No Code," in the patient's records. A DNR or No Code order means that CPR will not be started.

It is important to remember two points about a DNR order:

- The DNR order will be reviewed regularly. Entering a DNR order into a medical record does not mean that the DNR order is permanent. A DNR order can be reversed if it becomes medically appropriate. If a patient changes his or her mind about the DNR order, this should be discussed with the attending physician.
- Even if the DNR order is written, this does not mean that other lifesaving treatments, such as antibiotic administration, will be withheld. All treatments related to pain management, or other treatments agreed to by the patient and the physician, will be given.

We hope this information will help familiarize you with choices related to your health care. We encourage you to discuss this, or any aspect of your care, with your family and your physician and with other members of your health care team.

HIV testing and reporting of infectious diseases

As a Clinical Center patient, you may be asked to provide a blood sample to be tested for antibodies against the human immunodeficiency virus (HIV), the virus that has been identified as the cause of AIDS (the acquired immune deficiency syndrome). If testing is indicated for you, your primary caregiver at the Clinical Center will ask for your permission to do the test. Further information about HIV testing is available in the booklet, "Testing Your Blood for HIV, the Virus That Causes AIDS."

The Clinical Center may report certain communicable diseases, including HIV infection, to appropriate State and Federal government agencies. If you have any questions about HIV testing or this policy, you can discuss them with your caregivers in the Clinical Center or the Clinical Center HIV Counseling Coordinator. The HIV Counseling Coordinator may be reached at 301-496-2381 or through the page operator at 301-496-1211.

Information concerning previous transfusions and the risk of AIDS virus infection

In March 1985, the nation's blood supply was first screened for the presence of HIV, the virus that causes AIDS. Between 1977 and 1985, however, patients were at risk for exposure to the AIDS virus if they had received unscreened blood and blood products. About 12,000 people who were infected with HIV through blood transfusions given during those years are alive.

If you received a blood transfusion between 1977 and 1985, there is a small, but real, risk that you were exposed to HIV by the transfusion. This risk will vary depending on where you received the transfusions and how many units you received. Most people exposed to HIV by transfusions do not develop symptoms of AIDS in the years immediately following the transfusion, yet they may be able to pass the virus to their offspring (via childbirth) or to their sexual partners. For these reasons, the NIH Clinical Center recommends that HIV testing be offered to all patients transfused between 1977 and 1985.

When your medical history is taken by the admitting physician, you will be asked if you have ever received blood transfusions. If you inform the physician that you were transfused between 1977 and 1985, the doctor will recommend that a test be performed to detect the presence of HIV antibody in your blood. This test is a very reliable indicator of exposure to the AIDS virus. Please note that AIDS virus testing is recommended, but not mandatory. You will be asked to sign an informed consent form that gives us permission to test your blood for HIV. These tests are carried out promptly and confidentially at the Clinical Center.

If you cannot remember or are uncertain if you received transfusions, your physician can ask the Clinical Center Department of Transfusion Medicine to check its records to see if you received a transfusion here. This information

will be accurate and complete for transfusions given at the Clinical Center but will not include a record of transfusions given elsewhere.

If you would like more information or counseling before or after HIV testing, you may contact the Clinical Center HIV Counseling Coordinator at 6-2381. Counseling may cover issues such as the meaning of a positive test, the confidentiality of test results, and the potential risks to family members or sexual contacts if a positive result is found. The results of the HIV screening test will have no impact on the quality of care you receive at the Clinical Center.

Informed consent and protection of privacy

While you receive medical care here, information gained from studying your condition will help us to better understand your illness and to develop or improve treatments or methods of prevention.

Because you consented to take part in research, we have a responsibility to inform you about the procedures we use and what you can expect from your stay.

Your doctors and nurses will explain treatments and tests, and very often, your written consent is required before they are administered. If a treatment is relatively new and not yet generally used, or if it is a test mainly for research and not for your immediate benefit, your doctor will make this clear and will ask for your written consent. However, you may have questions later even after you have given your consent. Please do not hesitate to discuss these questions with your doctor, nurse, social worker, chaplain, or

Patient Representative (6-2626). We want you to understand exactly what is being done and why.

If at any time you wish to withdraw from the research study, you may do so. The Clinical Center will provide short term medical care for any physical injury resulting from your participation in research here until such time that the NIH has determined that you can be safely discharged.

Although data from the studies in which you participate may be used widely in medical research, information about you as an individual is confidential. Generally, access to this information is restricted to NIH staff involved in the patient care and research programs. Your doctor and other physicians or organizations you specify will also receive your medical information.

You are entitled to receive a copy of the protocol consent form you signed. Ask for this when you sign the consent form.

Medical record information

If you have questions about access to your medical record or the release of information contained in it, please call the Medicolegal section of the Medical Record Department at 6-3331 or stop by room 1N216.

Photographing fellow patients

If you wish to take a photograph of your fellow patients, please ask their verbal permission. You may photograph patients in their rooms or in the unit lounge, solaria, or outside the Clinical

Center. Please refrain from taking photographs in gathering places such as cafeterias and lobbies.

Photographs and recordings

Some types of medical information cannot be recorded completely in writing. Photography, tape recording, and other audiovisual methods are sometimes much better. Audiovisual records which could reveal your identity are never made unless you have given your prior written permission on a special form, which states the particular uses that will be made of the records.

Protecting your privacy

Patients who give information about themselves or their families to the doctors and other workers in a hospital expect the information to be kept confidential. We will do this to the best of our ability. However, you should be aware that neither the Clinical Center nor any other medical institution can absolutely guarantee confidentiality.

In 1974, the U.S. Congress passed a law called the Privacy Act. This law puts strict limits on how Federal agencies may use and disclose personal information, including medical information. It requires every agency to inform each individual why he or she is asked for information and how it will be used.

Physicians and other scientists at the National Institutes of Health conduct research by authority of the U.S. Congress, Section 301 of the

Public Health Act (42 United States Code 241). The research in which patients or volunteers participate—clinical research—takes place mainly in the Clinical Center in Bethesda, Maryland.

The medical and other personal information you are asked to give, as well as the information from various tests, is gathered for two purposes: to provide the best care and treatment for you as a patient, and for research to increase understanding of health and illness. Both good treatment and good research depend on accurate and complete information. However, just as your coming to the Clinical Center as a patient is voluntary, your giving the information we request and participating in various tests and research procedures is also voluntary.

Publications

Some of the information obtained from you may appear in scientific publications or be presented to professional audiences at meetings. It may be used for the purpose of teaching health professionals or students in the health professions. Under these circumstances, measures are taken to conceal your identity.

Release of patient information to the media

Occasionally, we receive media requests for information about patients who are being treated at the Clinical Center. Inquiries may be made especially if a patient is a public figure or celebrity. These requests are handled by Clinical Center Communications, the public affairs office for the hospital. Our primary

concern is patient welfare, but we also have an obligation to cooperate with the media.

The only information that may be released to the media without the patient's prior written permission is verification that the person is a current Clinical Center patient. Medical records, including diagnosis, are confidential and will not be released to the media.

If you are contacted by the media while you are a patient here, or if you have questions about Clinical Center media policies, please call Clinical Center Communications at 6-2563.

Religion and social security number

At the time of your admission, you were asked to give your social security number and your religion. Giving this information is strictly voluntary, and the admissions clerk will emphasize this.

If your social security number is required for any financial transactions, this will be explained to you.

Knowing your religion enables the hospital chaplains to offer spiritual service, which for many patients is an essential part of their care.

Uses of information at NIH

The information needed for care and treatment, and much of the research information, is recorded and stored in your written medical record and in a computer system. In addition, records containing some of the same or similar information are maintained by the many departments and offices essential in a modern hospital. These include admissions, anesthesiology, transfusion

medicine, dental clinic, nursing, nutrition, pharmacy, reception desk, recreation therapy, social work, spiritual ministry, and travel office. These also include the departments and offices that perform electrocardiograms, electroencephalograms, metabolic rates, pathological anatomy, pulmonary function, radioisotope studies, and x-rays.

NIH scientists and their technical assistants maintain research records in their offices and laboratories. These may be records of clinical research procedures carried out in each laboratory, or they may be compilations of data abstracted from the medical records of many patients, some of whom may have no personal contact with the scientist. Such records are essential to prepare the hundreds of clinical research reports published in scientific journals each year.

Students in the health professions, particularly medicine and nursing, are regularly assigned to the NIH as part of their formal training. They may be unpaid volunteers, but they are under the direct supervision of the NIH staff. They have access to medical information as necessary to carry out their training assignments. For the purposes of the Privacy Act, they are regarded as NIH employees.

Uses of information outside NIH

Generally, access to medical information is restricted to NIH employees who need it to carry out their official duties. There are, however, occasions when confidential information is shared with individuals or organizations that are not part of the NIH. These are as follows:

- The physician(s) or organization(s) that the patient specifies to receive reports (which are identified in MIS) get the following:
 - reports summarizing each patient admission
 - letters dictated by the patient's primary care physician(s).
- The Social Work Department may share pertinent information with community agencies that may assist the patient. Providers may also be given the information needed for obtaining special individualized devices such as braces, artificial limbs, or cosmetic aids.
- The travel office may inform public carriers such as airlines of the special requirements of some patients, for example, "heart condition" or "wheelchair required."
- Information about diagnostic problems or having unusual scientific value may be shared with consultants other than NIH employees. For example, bacterial specimens may be sent to the Centers for Disease Control and Prevention of the Public Health Service in Atlanta; tissue specimens may be sent to the Armed Forces Institute of Pathology in Washington, D.C.; x-rays may be sent for the opinion of a radiologist with extensive experience in a particular kind of diagnostic radiology. Pertinent parts of your medical history may be shared with such consultants. NIH scientists may collaborate with colleagues at institutions such as medical schools. They may share information so that the number of patients under combined study will be sufficient, or they may exchange samples of material such as blood so that samples can be analyzed uniformly in the laboratory best equipped to do so.
- Representatives of the Joint Commission on the Accreditation of Healthcare Organizations or of the government's General Accounting Office occasionally have access to representative medical records. Such inspections ensure that the quality of our record-keeping meets established standards.
- Records may be released to Congress or to committees and subcommittees of Congress for matters within their jurisdiction, and information may be used to respond to congressional inquiries for constituents concerning their admission to the NIH Clinical Center.
- Certain diseases or conditions, including infectious diseases, may be reported to appropriate representatives of the State or Federal Government as required by law.
- Records may be released for statistical research or reporting if the information is transferred in a form that does not identify anyone individually. For example, medical information may be disclosed to tumor registries for maintaining health statistics.
- The Department of Health and Human Services may contract with a private firm for transcribing, updating, copying, or otherwise refining records it uses. Relevant records will be disclosed to such a contractor. The contractor(s) will be required to comply with the requirements of the Privacy Act regarding such records.

- If a government employee is involved in a lawsuit, records may be released that facilitate the employee's defense.
- The Bureau of the Census may request records for census or survey purposes, and records may be released for archival purposes to the National Archives.
- Records may be released for law enforcement purposes to a law enforcement agency, and records may be released in response to a court order.
- Whenever medical information about you as an identifiable individual is disclosed to anyone who is not an employee of the Department of Health and Human Services, notation of the reason for the disclosure and the identity of the recipient of the information is made in your medical record. When such disclosures are for one of the reasons described above, or if disclosure is otherwise required by law, the NIH does not seek your written permission to make the disclosure.
- Except for the uses described here, medical information about a patient is not given to anyone without the specific written permission of the patient or a legally authorized representative. However, there is one additional exception to that rule: if at some later time, a hospital or physician who is caring for you needs information immediately, and if waiting to obtain your written release of the information would endanger your health, the information will be released immediately, and you will be notified of the release later.

Section 3

Your Doctors

Your doctor at the Clinical Center

While you are a Clinical Center patient, there are always two doctors who share the responsibility for your care. Your attending physician is responsible for conducting your study (protocol) and for the overall quality of your medical care. Your clinical associate, a well-trained doctor who has chosen to come to NIH to learn more about medical research, is responsible for the immediate management of your care.

The doctor to talk to regarding questions about treatment

The clinical associate who evaluates you, orders medications and tests, and sees you often is the doctor who knows you best. The clinical associate consults with your attending physician. You may, of course, ask to see your attending physician if you have more questions.

How often you will see your attending physician

Your attending physician may see you frequently, only occasionally, or may monitor your care without seeing you at all. This depends on the design of the research protocol, the complexity of the medical problem, and your physical needs.

Doctors may change

If you are a Clinical Center patient over a long time, you will not have the same doctors. Clinical associates are assigned to patient care

for fixed periods, so unless you are a short-term patient, your clinical associate will change from time to time. You may retain the same attending physician, but on many patient care services, these responsibilities rotate among a group of senior doctors who also rotate on a fixed schedule. Any time you are transferred from one Institute or branch to another, both your clinical associate and your attending physician will change.

The National Institutes of Health consists of many Institutes, most of which conduct research in a specific field of medicine. Within each Institute are several branches where studies are being done on specific conditions within the general field covered by the Institute. Many patients have problems of interest to more than one Institute or branch. Each Institute and branch has its own team of doctors.

Knowing your Institute and branch

It is very useful to know your Institute and branch. If you should ever need assistance when your own doctor is not available, knowing your Institute and branch will make it easier to locate the person best able to help you.

Seeing NIH doctors outside your Institute and branch

You may see a number of other NIH doctors who have been asked to examine you because they are specialists in medical fields other than those familiar to your attending physician or clinical associate.

Why so many people are involved in your care

Because of the complexity of medicine, it is impossible for one person to know all that can be known, or all that needs to be known, about a medical problem. Doctors with special training provide expert opinions, perform tests, and operate advanced medical equipment. Other health care professionals are also trained to perform certain procedures or monitor your condition.

The continuity of your care rests with a team or group of doctors. Even though members of the team or group may change, they all communicate through the same channel: your clinical associate and attending physician. You should always be informed when changes occur. If you ever have questions, do not hesitate to contact your clinical associate or attending physician so that you understand the situation to your satisfaction.

Section 4 Patient Information

The admissions process

When you enter the Clinical Center, report to admissions. Admissions handles registrations for all new inpatients and outpatients as well as previously registered patients who are scheduled for inpatient admission to the hospital. If you are a new patient, you will be interviewed by the admissions clerks. You will be asked to review and sign a general consent form stating that you have agreed to take part in biomedical

research. You will also be asked to review and sign an information practices form. This form states that the Clinical Center will do its utmost to protect your privacy and identifies situations when the Clinical Center may share information about you (as discussed in Section 2 in this booklet under the heading “Uses of information outside NIH”).

Except for an emancipated minor, only a parent, legal guardian, or legally authorized representative may sign for a patient who is a minor (less than 18 years of age). If you have any concerns about your research program or informed consent, ask for assistance. There are many people available to address your concerns.

When the admissions process is completed and you have signed the required forms, you will be directed to the patient care unit or outpatient clinic. If you are being admitted as an inpatient and accompanied by relatives or friends who wish to stay near the Clinical Center, admissions personnel will help arrange housing for them.

Buses and taxis

Buses and taxis are available from the Clinical Center to Washington, D.C., and the surrounding areas. A Metro bus schedule is available at the admissions office reception desk.

Local taxis take 15 to 20 minutes to arrive after you call. They may be called from the reception desk or the phones in the main lobby. During bad weather, place your call early. If you have trouble getting a cab, ask the receptionist for help.

Call bell

Each bed has a call bell which signals the nurses' station. Your nurse will explain how to use it to summon a staff member.

Department of Clinical Bioethics

The Department of Clinical Bioethics helps maintain high ethical standards in patient care and research. Bioethicists are specially trained to help you and your providers make medical decisions that reflect your values and beliefs.

Bioethicists participate on review boards that review all research studies involving patients at the Clinical Center, to ensure that they meet the ethical standards.

There is a bioethics consultation service. Members come from both the Clinical Center's ethics committee and the Department of Clinical Bioethics. During your stay, you will make many decisions about your care and participation in research. These decisions may be hard to make. The bioethics consultation service can help you balance your needs with those of others as you deal with the impact of illness.

Some questions you might want to discuss with a bioethics consultation team include:

- How do I mesh my medical situation with my values about life and the future?
- How might I decide about treatment options or side effects?
- How might I think about a power of attorney or a living will?
- What about my concerns for privacy and confidentiality?

- What might I do about family arrangements or inconveniences?

A bioethics consultation team is available 24 hours a day to help you think about issues regarding your health care and participation in research.

Please feel free to call the Department of Clinical Bioethics at 6-2429 if you have questions or concerns about your part in biomedical research.

Department of Transfusion Medicine

The Clinical Center supplies vital blood and blood components for patients with cancer, heart disease, and blood disorders. This blood comes solely from volunteer blood donors.

Families and friends of patients at the Clinical Center can help the Department of Transfusion Medicine continue to provide this “gift of life.”

Giving blood is easy and takes less than 30 minutes. There is no risk and little discomfort. Every donation helps patients at the Clinical Center. Contact the Department at 6-1048 or 6-1049 to ask how you can help.

Doctors’ rounds

NIH doctors as well as nurses, consultants, specialists, students, and trainees periodically make group visits to the patient care units to review patients’ health status. During these visits, called “rounds,” doctors may want to examine you and talk with you. Rounds may occur every day, once a week, or special rounds may be

scheduled less often. Check with your nurse for the times of rounds on your patient care unit. You will probably be asked to be in your room for rounds.

Dress

Unless your doctor or nurse tells you otherwise, you are urged to be up and dressed during the day. If you are not confined to your bed, you should plan to wear casual street clothes and comfortable walking shoes. If you prefer to go out of your room in night clothes, please wear your bathrobe. At night, you will probably prefer to use your own night clothing, robe, and slippers. However, the Clinical Center can supply free, standard hospital nightwear. Please remember always to wear shoes or slippers.

Electrical appliances

To ensure a safe environment on the patient care units and throughout the hospital, we have a policy about electrical appliances patients may bring. Small personal appliances such as electric razors, hair dryers, or laptops are okay, but they should require standard 110-volt electricity and should not show signs of damage (frayed cords). Appliances must not need to be connected to government property. Irons, portable heaters, heating pads, hot plates, toasters, hot oil popcorn poppers, and other kitchen appliances used to heat and prepare food are not permitted. Because of concerns for the operation of medical equipment, we restrict the use of cellular phones and other transmitting devices in some patient care areas. If you have

any questions about the appliances or equipment you may bring, be sure to ask your nurse.

Food and lodging for companions

There are several motels near NIH, and the Clinical Center admissions section can provide you with a list of local accommodations.

Rooms are also available in private homes registered with the admissions desk. Some of these homeowners will accept roomers for a night or two; others will accept them only for a stay of a week or longer. These rooms are only available to relatives of inpatients.

There are two cafeterias open to the public: one on the second floor (6-9698) and another on the B1 level (6-2929). Hours of operation are posted outside each cafeteria. Your companions may also wish to shop or dine in Bethesda, located about 2 miles from the Clinical Center.

Gifts

A concession stand licensed by the Maryland Department of Vocational Rehabilitation sells items such as stationery, books, sundries, greeting cards, snacks, and sodas. Located on the B1 level, the shop's hours are 7 a.m. to 4 p.m. Monday through Friday.

Another gift shop on the B1 level is managed by the NIH Recreation and Welfare Association. It sells cards, stationery, flowers, gifts, and provides photo processing services. As a patient, you receive a discount on selected items.

A bookstore, also on the B1 level, provides textbooks for staff members enrolled in the

NIH graduate school program. However, a selection of general interest books is also available. Feel free to stop by and browse.

Guidelines for children visiting

Children are encouraged to visit during regular Clinical Center visiting hours. Children under age 14 must be accompanied and supervised by a familiar, responsible adult. At the discretion of the nurse, adolescents between the ages of 14 and 18 may visit unaccompanied. Visitors may visit in the unit and common rooms (lounges, cafeterias, playrooms) within the Clinical Center and in the room of the patient they are visiting. Visitors who have been recently exposed to an infectious disease (for example, impetigo, chickenpox, tuberculosis, hepatitis) may not visit. Visitors with cold or flu symptoms are discouraged from visiting. Any visitor who becomes disruptive may be asked to leave.

Hair grooming

The barbershop on the B1 level is open from 7 a.m. to 5:30 p.m. Monday through Friday. The beauty shop on the B1 level is also open from 7 a.m. to 5:30 p.m. Monday through Friday.

Hospital discharge

When your part in the research is completed and your health permits, you will be discharged to the care of your referring doctor. If you need help to make arrangements, a doctor, nurse, or social worker can assist you.

If you need continued medical or nursing care after you leave, members of our staff will help

you locate appropriate community resources. Social workers may be particularly helpful in making these arrangements.

The average stay at the hospital is about 7 days, but the needs of your research protocol may require you to stay for a longer or shorter time. Some patients may be studied by their NIH doctor for months or years after leaving the hospital. You may be asked to return to the outpatient clinic for examinations from time to time. Your NIH doctor will explain the procedures if he or she wants you to return. If you cannot keep appointments for return visits, please notify your physician promptly.

We hope that you will want to stay with the study until your part is complete. By participating in clinical research at NIH, you help many others who are ill. The contribution you make is an essential part of medical research.

Hospital volunteers

Hospital volunteers serve in many ways to make your stay at the Clinical Center more pleasant. Some volunteers greet you at the admission desk, while others may be assigned to your patient care unit. They can introduce you to the hospital, answer general questions, or act as language interpreters. Others can shop for you, accompany you to appointments, or just spend time visiting. Volunteers in recreation help you with crafts, special events, and go on scheduled trips. Red Cross volunteers provide a variety of hospitality services to make patients feel welcome and more comfortable.

Volunteers are here because they understand how important it is to share time with patients

who are away from home and family.

Most volunteers can be recognized easily by their uniforms and volunteer patch. If you would like a helpful hand or have a special need, call the volunteer program office at 6-1807 or visit in room 1N252. The office hours are from 8 a.m. to 4:30 p.m. Monday through Friday.

Identification bracelet

On admission to most units you will receive an identification bracelet to wear on your wrist. Please keep it on at all times, even while bathing or when going home on weekend pass.

Information services and patient information

If you would like to have more printed information about the activities of the National Institutes of Health or any of its Institutes or Divisions, the Clinical Center Communications (CCC) staff may be able to help. Call 6-2563 if you would like to obtain some material.

The hospital also produces a variety of patient information materials on many of the conditions and procedures under study at the Clinical Center. Feel free to ask your doctor or nurse whether there is any literature available about a topic of interest to you.

A Visitor Information Center in the Clinical Center provides information about the Institutes.

Interpreter

Interpreting services and assistance with translations are available for some languages on a limited basis. Call the volunteer office for information at 6-1807 from 8 a.m. to 4:30 p.m.

Monday through Friday. Evenings, after 4:30 p.m., or on weekends, call the admissions office at 6-3315. Contact the on-call social worker by calling the page operator at 6-1211. Sign language interpretation for the hearing impaired may also be obtained.

Isolation precautions

One of the goals of the Clinical Center is to provide a safe, healthful environment for patients and staff. Since there is a risk of transmitting certain infections within the hospital, isolation precautions are taken to keep these infections from spreading among patients and health care staff.

Isolation precautions are recommended practices used in hospitals to prevent the spread of certain infections. Different isolation precautions may be used depending on how a particular infection is spread. Isolation precautions usually require health care staff to use protective equipment to prevent exposure to substances such as blood or other potentially infectious materials. Examples of this equipment are gloves, gowns, masks, and protective eyewear.

Rarely, some isolation precautions may restrict the patient's contacts with other patients or health care staff. If you have an infectious disease that requires isolation precautions, your nurse or doctor will explain this to you. Patients requiring isolation precautions are identified by signs attached to their hospital room doors and medical charts. These signs remind staff to use appropriate precautions. To protect the patient's confidentiality, the signs do not identify the infection requiring the isolation precautions.

For more information about isolation precautions, you may call the Hospital Epidemiology Service at 6-2209.

Laundry

Washers and dryers are available for your use and are located on the B-1 level of the hospital (room B1N237). Free "tokettes" to operate the machines are available from your patient care unit. You may ask your unit coordinator for details about this service. Some patient care units also have washers and dryers.

There is a dry cleaning service available at a reasonable charge in Building 31.

Leaving the unit

Before leaving the unit or clinic, please sign a check-out sheet at the nurses' station and inform a staff member. This enables the medical and nursing staff to locate you if necessary. Check with your nurse to see if you are scheduled for any tests or medications. Try to plan returning to the unit by 9 p.m.

Luggage

Since there is limited storage space in your room for suitcases, send your empty luggage to the baggage room or have a relative take it home. Your nurse will notify an attendant to pick up baggage for storage. When you are ready to leave, ask that luggage be delivered to your patient care unit. Delivery hours are Monday through Friday from 8:30 a.m. to 5 p.m. Ask your nurse to notify the baggage room a day before you plan to go home.

Mail

Mail is usually delivered to your unit at least once a day Monday through Friday. Special delivery and registered mail will be distributed as soon as it arrives.

You may mail letters at the self-service post office near the bank on the B1 level. Envelopes and stamps are available there, too. If you need help, ask the unit coordinator or a hospital volunteer. Provide this address to your friends and relatives:

Patient Name
Clinical Center
Building 10 Patient Care Unit _____
10 Center Drive MSC _____
Bethesda, MD 20892-_____

To make sure your mail reaches you quickly, relatives and friends should write “patient mail” on the envelope. Also, ask for the ZIP-plus-4 code for your unit.

Meals

The Nutrition Department prepares and serves meals to your bedside between the following hours:

Breakfast: 7:30-8:30 a.m.
Lunch: 11:30 a.m.-1 p.m.
Dinner: 4:30-5:30 p.m.

Selective menus are planned for you based upon the diet your doctor has ordered. Such menus are delivered to you daily. Mark your menus promptly and return them to a Nutrition

Department staff member. When you are first admitted or when you are unable to make selections, qualified persons will select meals for you. A registered dietitian or technician will visit you to discuss your diet, food preferences, and any other concerns or comments you may have about your nutritional needs and services. Feel free to discuss your meals, diet, and nutritional needs when they visit you, or ask your nurse to request that they consult with you.

Medicines

Give all your own medicines (even aspirin or vitamins) to your nurse. If NIH doctors prescribe medicine for you, it will be dispensed to your unit and administered by your nurse. Please plan to be on the patient care unit at medication time.

Metro subway

Metro, a mass transit service operating in the Washington, D.C., area, is available to provide transportation to the heart of Washington, D.C., and the immediate area surrounding the city. You may obtain a Metro subway schedule from the Red Cross volunteers or the Hospitality Service desk on the first floor. The stop closest to the Clinical Center is “Medical Center” on the Red Line located on the NIH campus near the National Library of Medicine. You may phone Metro for information by calling 202-637-7000. The NIH campus shuttle makes routine stops at the Metro Station.

Money and valuables

When you are admitted, valuables such as money or jewelry should be taken to the cashier's office located on the first floor (room 1C62), where they will be placed in a locked vault. You will receive a receipt. Cashier's hours are 9 a.m. to 5 p.m. Monday through Friday. If you expect to be discharged on a weekend, evening, or holiday, withdraw your valuables in advance. You may call the cashier's office at 6-2654. If you are going to be discharged before 9 a.m., be sure to remove your property before 5 p.m. the previous day. At other times, the admissions staff will accept valuables to keep in the safe and turn them over to the cashier for you. Be sure to safeguard your property and belongings.

Notary

Public notaries are available to witness signatures and certify documents. The patient representative and the admissions office staff can provide you with information about notary services.

Nursing staff

You will get to know the nursing staff. They will provide much of your day-to-day care and will be a link to other hospital staff. Your primary nurse will coordinate all of your nursing care. He or she will assist you and your family and see that your medications, tests, and treatments are carried out. You will become familiar with the unique and special features of your unit.

Pass

You will need permission from your doctor if you wish to go outdoors. Many patients are also permitted to leave the campus for an evening or weekend. Obtain a pass from your doctor and check with your nurse to make sure no tests are scheduled when you plan to be away. Your nurse will obtain any medicine that you will need, and he or she will notify the kitchen about your missed meals. Because units may have slightly different procedures, you may want to check with your nurse.

The patient care unit

Your stay on the patient care unit will have some routine features. Meals, sleep, doctors' visits, and medicines are usually scheduled at regular times. Occasionally, you may be referred to other departments for treatment and care. You may have special tests or perhaps treatments, but usually your entire day will not be filled.

You may take advantage of patient recreation programs as much as your condition and doctor permit. Dress in casual clothing and engage in your favorite crafts, or check out a book from the patient library on the 14th floor. You may also get a pass from your doctor to go outdoors to enjoy the NIH campus. Wheelchairs, other special aids, and staff are available to help you in all activities, including excursions outside. You may wish to explore Bethesda and Washington, D.C., whenever possible.

You may also enjoy becoming acquainted with other patients. They come from many different

backgrounds but share the common experience of participating in clinical research at a government research hospital.

The Patient Emergency Fund

For more than 25 years, the Clinical Center Patient Emergency Fund (PEF) has helped financially strained patients and their families meet emergency expenses. PEF helps patients who come to the Clinical Center to take part in research.

Clinical Center patients come from all over the U.S. and the world. Many patients and their families deplete their savings traveling to the Clinical Center and have difficulty affording basic necessities, lodging, and food. Others suffer financial hardship due to illness prior to their participation in research. The Clinical Center Patient Emergency Fund is used to help in emergency circumstances and with unexpected incidental expenses.

PEF is administered by the Social Work Department. To receive PEF funds, patients must contact their social worker. For information about PEF, contact:

Patient Emergency Fund
National Institutes of Health, PHS, DHHS
Social Work Department, NIH Clinical Center
10 Center Drive Room 1N252 MSC 1160
Bethesda, MD 20892-1160.

Patient library

A well-stocked library is located in the 14th floor solarium. There are more than 5,000 books including a selection of current best-sellers, reference, foreign language, and large print and picture books. A special section featuring selections on health and coping is also included. Books may be checked out for 2 weeks. The library subscribes to some 30 magazines, the *Washington Post*, and *The New York Times*. If you are not able to go to the library yourself, magazine selections may be made from the cart that is brought to the patient care unit each week. Call the library to find out the day and

time. A hospital volunteer or member of the library staff will also bring books or other library material to you between cart visits. You may return books to the library yourself or have a staff member do it for you. After hours, use the book drop in the library door.

Internet and e-mail access, cassette tapes and players, typewriters, guitars, and special visual aids such as talking books, book holders, and “bed specs” (prism glasses that allow you to read lying down) are also available. Drop by the library to browse or contact a hospital volunteer or nurse for information. Also watch the monthly patient activities schedule for partial lists of new acquisitions.

The library is open Monday through Friday from 11 a.m. to 7 p.m. and Saturdays from 11 a.m. to 6 p.m. On Federal holidays it is open from 11 a.m. to 4 p.m. You may call the library at 6-3036 for assistance or information.

Patient representative

The Patient Representative serves as a link between the patient and the hospital. The Patient Representative makes every effort to assure that patients are informed of their rights and responsibilities and that they understand what the Clinical Center is, what it can offer, and how it operates. We realize that this setting is unique and may generate questions about the patient's role in the research process. As in any large and complex system, communication can be a problem and misunderstandings can occur. If you have an unanswered question or feel there is a problem you would like to discuss, call the Patient Representative. The sooner your concerns are known, the easier they are to address. You may reach the Patient Representative at 6-2626. Calls made to this number after 5 p.m. or on weekends or holidays will be returned the following business day.

Recreation services

The recreation therapy section provides recreation, library services, in-hospital entertainment, and maintains a movie channel on your room TV (station 22). Helping patients cope with the stress of hospitalization and maintaining their quality of life in the face of chronic disease and experimental treatment are the section's objectives. Available to all patients and their families, most programs are held on the 14th floor of the hospital and may include arts and crafts, music, games and sports, social events, and exercise. The gymnasium has a game room and a well-equipped exercise room.

Instruction in coping skills such as relaxation, enhanced communication, and stress management is available.

Trips are taken into the community for entertainment and sightseeing. Wheelchairs can be accommodated on all trips.

Children and their families are welcome in the 14th floor playroom. At least one special event for children is held each month. Occasionally, special visitors entertain the children during these events. When time permits, entertainers may visit patients in their rooms.

The playroom has an aquarium and two resident guinea pigs. As part of the animal-assisted therapy program, children are encouraged to hold and play with the guinea pigs. Twice a month, several dogs are brought in to visit both adult and pediatric patients. These visits are voluntary and closely follow hospital infection control procedures.

The playroom on the 14th floor is open for supervised play during the following hours:

- Monday through Thursday:
10:30 a.m.-12:30 p.m., 1:30-3:30 p.m.,
6:30-8 p.m.
- Fridays:
10:30 a.m.-12:30 p.m., 1:30-3:30 p.m.

The 14th floor adult recreation services are open during these hours:

- Monday through Friday:
10:30 a.m.-12:30 p.m. (craft room)
1:30-3:30 p.m. (craft room, gymnasium,
weight room)

- Monday and Wednesday:
6:30-8:30 p.m. (gymnasium, game room, weight room)
- Wednesday:
7-8 p.m. (bingo in the assembly hall)
- Saturday: 1:30-4:30 p.m. (gymnasium)

Religious services and ministry

The Department of Spiritual Ministry is located on the 14th floor. The chaplaincy staff supports your spiritual needs. Chaplains are available for personal visits with you and your loved ones. Catholic, Jewish, and Protestant chaplains hold regular services in the 14th floor Inter-Faith Chapel. If your faith is not represented within the staff, the chaplains will contact your faith group representative on your behalf. Scriptures and religious literature of most faiths are available upon request.

Religious services are held at these times:

- Catholic: Daily at 11:15 a.m.
Holy Communion is distributed at the bedside upon request. The Blessed Sacrament is reserved in a small chapel on the 8th floor. This chapel is open weekdays for meditation.
- Jewish: Friday at 4:30 p.m.
- Islamic: Monday through Friday at 1:30 p.m.
- Protestant: Sunday at 10 a.m., devotions on Thursday at 12:30 p.m.
Holy Communion is distributed on the first Sunday of each month. Bedside Communion is available upon request.

Special services and changes in the regular schedule are announced by special notice and in the patient activities schedule available at the nurses' station.

Escorts can be arranged through the nursing staff to take patients in wheelchairs to the chapel. To contact a chaplain, visit the 14th floor, call 6-3407, or ask the nurse or social worker to help you.

Smoking policy

As the nation's leading medical research center, the National Institutes of Health supports the need for a healthful and safe environment. NIH is a smoke-free Federal agency. Smoking by patients, visitors, and staff is prohibited in all NIH buildings, including the Clinical Center.

Social work services

If you or members of your family have difficulties or concerns during your stay, social workers are here to provide information and counseling. In most patient units and outpatient clinics, new patients are routinely screened by social workers.

You are encouraged to speak with a social worker to explore your concerns or any other issues that have an impact on your coping with treatment and illness. These include anxiety, depression, concerns about family, work, and adjustment to the Clinical Center. Social workers are available to support you with issues related to your taking part in protocols at NIH. They can also help connect you to valuable resources, support organizations, and public and private agencies that address personal, financial, and health care problems.

Many patients need special assistance with discharge from the hospital, and your social worker will work with staff to set up services, supplies, special equipment, or rehabilitation at home.

There are several ways to obtain social work services:

- See the social worker on your patient care unit.
- Call the Social Work Department at 6-2381 and ask for a visit from a social worker.
- Ask your doctor, nurse, family member, or a friend to ask for a meeting with your social worker.

Telephones

On most units, there are telephones in each room for local calls.

- To call a number within the hospital, press the last five digits of the number.
- To call local outside numbers:
press 9-202 for Washington, D.C.
press 9-301 for Maryland
press 9-703 for Virginia.

For long-distance calls, you may use your patient extension to call collect or to bill charges to a credit card. It is not possible to charge calls to your room extension or accept incoming collect calls.

On each patient care unit, a telephone is provided for long-distance calls at no expense to you. Calls may be placed from 6 a.m. to 8 a.m. and from 6 p.m. to midnight. We urge you to limit your calls to 10 minutes in consideration of your fellow patients who may also need access to the telephone. If you cannot get to this telephone, ask your social worker to authorize a long-distance call from your room telephone.

When your family and friends call you, they may reach you by dialing 301-402 and your extension number. If you are moved to another room, your telephone extension number will change. If callers do not know the number, they may call 301-496-4000 and the operator will locate you. As a courtesy to other patients, please ask family and friends to call before 10 p.m. There are also pay telephones located throughout the hospital.

Travel

If you need help with travel plans, the travel agency staff can assist you and your family. The staff can obtain plane, train, bus, and airport shuttle information, make reservations or changes for you, and secure tickets. For further information and assistance, call or visit the travel office on the first floor weekdays between 8 a.m. and 5 p.m. The telephone number is 1-866-227-9339.

TVs and radios

TVs are available without charge (check with your nurse or unit clerk for operating instructions). Some televisions also receive radio stations. You may bring your own small radio.

Universal precautions

To reduce the risk of transmission of blood-borne infections, as well as infections from moist body substances, a type of isolation precaution called “universal precautions” will be observed and practiced by your health care team. For example, if exposure to a patient’s blood and other potentially infectious material is likely, hospital staff members will use some type of protective barrier equipment.

The barriers used will depend on the procedure involved. Gloves will be the most frequently used barrier. For example, you may notice that members of your health care team will wear gloves while drawing your blood. Other barriers will include masks, gowns and protective eye-wear. These other barriers may be used if there is a likelihood that blood or potentially infectious materials will splash on a health care worker’s skin, eyes, or mouth. For example, housekeeping staff will wear gloves and gowns when changing soiled linens; they will wear gloves alone when handling trash. Hospital staff will observe universal precautions with all Clinical Center patients.

If you have more questions about universal precautions, feel free to ask your nurse or doctor. They will be happy to answer your questions.

For more information about universal precautions, you may call the Hospital Epidemiology Service at 6-2209.

Visiting hours

Visiting hours are generally from 9 a.m. to 9 p.m. On some units hours may vary, and there may be age restrictions for visitors.

Section 5 Support Services for Patients and Families

Social work services

Barber and beautician services

Barber and beautician services are available to patients and their visitors. An appointment should be made for using these services. Call 6-3019 for the barbershop; call 6-2765 for the beauty shop. For patients in financial need, a social worker will provide a voucher that meets the cost. For patients confined to their patient care unit, the barber or beautician will come to the patient. Payment for these services is covered by the Patient Emergency Fund.

Your social worker can help you obtain the following services:

Inpatient relative/guardian program

Some Institutes have programs that assist relatives/guardians to stay in the area while the patient is hospitalized. Contact your social worker for information about these programs.

Medic-Alert and stainless steel bracelets and necklaces

The Clinical Center provides stainless steel Medic-Alert bracelets and necklaces for patients whose medical problems warrant them. Contact your social worker to obtain the order form for this identification. To ensure the accuracy of the

information on the bracelet or necklace, you should talk with your doctor about how to state your medical condition.

Outpatient voucher program

There is a voucher program, supported by some Institutes for patients on specific protocols, to help defray the cost of participating in research at the Clinical Center. You will be notified concerning your eligibility.

Social Security Administration

A Social Security Administration field representative visits the Clinical Center monthly on the third Friday of the month between 8:30 a.m. and 4 p.m. Both in- and outpatients can meet with this field representative. Call your social worker to make an appointment with the representative, and to receive helpful brochures and applications.

Wigs for patients

The Clinical Center Social Work Department processes wig requests for patients who have hair loss during treatment. Upon receipt of a request, a social worker authorizes a voucher to buy a wig from a contractor hired by the Clinical Center. Ambulatory patients may take their authorizations to room 1N252 to get a wig voucher. When they have the voucher, patients may contact the wig contractor and make an appointment, either at the contractor's place of business or in the Clinical Center.

Other services

Children's Inn

The Children's Inn at NIH is a family-centered residence on the NIH campus serving pediatric patients and their families who travel here for treatment at the Clinical Center. The Inn provides a home-like atmosphere of private sleeping rooms with baths, common living areas, playrooms, kitchen and laundry facilities, a computer center, and a library. The Inn operates on a self-help basis with the resident children and their families helping themselves and each other. Family members do their own shopping, cooking, laundry, and supervise their children as they would at home. The first reservation to stay at the Children's Inn must come to the Inn through the patient's social worker. Thereafter, returning patients may call the Inn directly for reservations at 301-496-5672.

Clinical Center galleries

Looking around the first floor of the Clinical Center, you will notice art galleries. These galleries, on view 24 hours a day, feature sales of artwork by artists from the Washington, D.C., area, with occasional exhibits from around the country. Each artwork sale benefits patients with a 20 percent donation contributed to the Patient Emergency Fund. The Red Cross office in the hospital's north lobby has pricelists for all the galleries. Other information about the galleries is available from the Office of Facility Management. Art may be bought by contacting the Office of Facility Management at 402-0115

or by visiting B1L410 between 9 a.m. and 5 p.m. Monday through Friday. Feel free to browse through the galleries to enjoy the current display and, perhaps, to purchase a favorite piece.

Friends of the Clinical Center

Founded in 1984, the Friends of the Clinical Center (FOCC) is a nonprofit, charitable organization located in the Clinical Center. It provides emergency financial assistance to NIH patients and their families. Illness often causes stress—both emotional and financial—for patients and family members. In addition to the concerns of finding a successful treatment, lost income over a period of time often has severe financial impact. FOCC can help by providing emergency funding on a case-by-case basis to those in need during these stressful times.

FOCC often assists with payment of rent and mortgages, utilities, car payments, transportation costs to and from NIH, medical bills, and other types of expenses. Patients desiring consideration for funding from FOCC should speak with their social worker. For information about FOCC, you may visit its office in the Clinical Center in Room 1C166A, or call 2-0193.

The NIH Children's School

While they are patients at the Clinical Center, children are expected to attend the NIH Children's School, a satellite school of Montgomery County. Located in the 10th floor solarium, the school is staffed by teachers who instruct students in grades kindergarten through 12.

Teachers also come to the bedside when patients are unable to attend school. Children should bring their textbooks and current assignments. The NIH teachers will keep the local school apprised of the child's progress. Studies for the graduate equivalency program (high school) and English spoken as the other language are also provided to those who meet a certain criterion. The school can be contacted by phone

(301-496-2077), e-mail(hmays@mail.cc.nih.gov), or fax (301-402-9202).

Nursing psychiatric liaison

At the Clinical Center, there is a psychiatric liaison program in which nurses provide mental health evaluations, consultation, and counseling to patients, their families, and those who care about them. Not only do psychiatric liaison nurses assist patients and families to adapt to illness, they also help make the patient care units more sensitive to their needs.

A referral to the psychiatric liaison nurse is made by your primary nurse or doctor in order to address normal emotional reactions resulting from illness. Such reactions may be anxiety, worry, depression, anger, stress, or difficulties in problem solving. The psychiatric liaison nurse can also provide you with referrals in your community. When more psychiatric help is needed during your hospital stay, the psychiatric liaison nurse works with the psychiatrist at the Clinical Center. In this case, the psychiatric liaison nurse and the psychiatrist will work together on your behalf. Psychiatric liaison nurses also

lead meetings and support groups for patients, their families, friends, and other loved ones. When you are admitted to your specific unit, your primary nurse will let you know about these services.

Section 6 Other Useful Information

Handy telephone numbers

Admissions office (open 24 hours)	6-3315
Bank (SunTrust)	301-718-9213
Barbershop	6-3019
Beauty shop	6-2765
Bioethics	6-2429
Blood Bank	6-1048
Cashier's office	6-2654
Children's playroom	6-4730
Clinical Center Communications	6-2563
Directory assistance for NIH	6-4000
Medicolegal section	6-3331
Metro	202-637-7000
Patient activities	6-2276
Patient library	6-3036
Patient referral services	1-800-411-1222
Patient Representative	6-2626
Red Cross hospitality	6-5891
Religious services and ministry	6-3407
Social Work services	6-2381
Transportation (open 24 hours)	6-1161
Travel office	1-866-227-9339
Volunteer office	6-1807

Parking at the Clinical Center: Guidelines for patients and visitors

Patient parking

Before your appointment (inpatient or outpatient), you may park in the Clinical Center garage. The entrance to this garage is located on Memorial Road. Take the entrance on the right or the first entrance on your left, depending on how you approach the garage from Memorial Road. The entrance is marked "Patient/Visitors Parking." All patients should stop to obtain a parking ticket. Inpatients may leave their cars in the garage during their hospital stays.

Once you have parked, follow signs to the elevators in the center of the garage. Take an elevator to the first floor of the hospital and go to the admissions desk in the main lobby. There, you will be greeted by admissions staff. While you are at admissions, the staff will direct you to the security desk to have your parking ticket validated (stamped) so that you will not have to pay. If your ticket is not stamped, you will be charged for parking.

Parking for patients' visitors

Visitors of patients should also park in the Clinical Center garage. Upon entering, they will receive a ticket. They may take the elevators to the first floor and go to the security desk to have the ticket validated. Tickets may also be validated before leaving the hospital.

Valet parking

Valet parking is available for patients and their visitors at the main entrance of the Clinical Center (South Lobby) Monday through Friday, 7 a.m. to 10 p.m., (except Federal holidays).

To use valet parking:

1. Drive up to the hospital's South Lobby entrance and stop in front of the valet station.
2. The valet parking attendant will greet you, give you a claim ticket, and park your vehicle.
3. When you need your vehicle, go to the parking validation desk across from admissions. A staff member will validate (stamp) your ticket. This desk is open from 7 a.m. to 7 p.m. Monday through Friday. A validation desk is also located in the South Lobby at the transportation desk (open 9 a.m. to 5 p.m. Monday through Friday).

Special notes:

- Parking is always available for patients and their visitors in the garage.
- You can park easily on the P-3 level of the Clinical Center garage on weekends and at night. At those times, it is not necessary to get a ticket for validation.
- When you are inside the garage, you can also get assistance, if you need it, from the staff at the parking attendant's booth near the elevators. For example, they can help you park or reach the elevators.



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This information is prepared specifically for patients participating in clinical research at the Warren Grant Magnuson Clinical Center at the National Institutes of Health and is not necessarily applicable to individuals who are patients elsewhere. If you have questions about the information presented here, talk to a member of your healthcare team.

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National Institutes of Health
Warren Grant Magnuson Clinical Center
Bethesda, MD 20892

Questions about the Clinical Center?
OCCC@cc.nih.gov